

## Yard Sale Sign Fee Check Request Form

Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose: Zoning Certificate Reimbursement Request pursuant to Policy Number 03-02.

**STATEMENT: All signs associated with the Yard Sale at**

**on**

**have been removed.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Mail Check: \_\_\_\_\_  
or

Give Check to: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

GL Expense Account(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_